DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF LABORATORIES

VIROLOGY TEST REQUISITION FORM

2220 Old Penitentiary Road
Boise, Idaho 83712 (208) 334-2235

TEST ORDERED BY / SEND REPORT TO:	Collection Date: ☐ Acute ☐ Convalescence	Patient Identifier:	
	Onset Date:	RACE: SEX:	DOB:

CULTURE TESTS

☐ Upper Respiratory Panel
Influenza A, Influenza B, Parainfluenza 1,2 & 3 Respiratory Syncytial Virus and Adenovirus

☐ Enterovirus Culture
Coxsackie, Enterovirus, Polio and Echovirus

☐ Herpes Simplex Culture
Type I and Type II

Specimen type:_____

STD TESTS

Specimen type

☐ Chlamydia ☐ Cervical ☐ Urethral ☐ Urine
☐ Gonorrhea ☐ Vaginal ☐ Conjunctival ☐ Other_____
circle: non-culture / culture

☐ HIV ☐ Rapid Test Confirmation
☐ Hepatitis C Antibody
☐ Hepatitis A IgM Antibody **(outbreak Investigations only)**
☐ Herpes Serology IgG Antibody Type I & II

HEPATITIS B
☐ Surface Antibody (*titer*)
☐ Core Antibody
☐ Surface Antigen

SYPHILIS
☐ USR
☐ Routine ☐ Symptomatic
☐ TPPA
☐ VDRL – CSF

VACCINE RELATED

☐ Mumps ☐ IgG ☐ IgM
☐ Varicella ☐ IgG ☐ IgM
☐ Rubella ☐ IgG ☐ IgM
☐ Rubeola (measles) ☐ IgG ☐ IgM

MISCELLANEOUS TESTS

☐ Hantavirus IgG / IgM
☐ West Nile Virus Serology IgG / IgM **(Onset Date required)**
☐ Cytomegalovirus
☐ Rotavirus / Adenovirus
☐ Norovirus **(outbreak # required _____)**
☐ Other _____ **(prior notification required)**

Reason for Testing / Comments:

10/18/05